



Caregiver's Authorization Affidavit

(Instructions: This form is used to document a caregiver's authority to consent to health care for a minor who lives with a qualified relative, as is authorized by California Family Code, Sections 6550-6552.)

I am requesting to authorize health care services provided at UIHS for the below named minor.

1. The minor named below lives in my home, and I am 18 years of age or older.
 - a. Name of minor: _____
 - b. Minor's birthdate: _____
2. I am the grandparent, aunt, uncle, or other qualified relative of the minor (*see back of this form for a list of qualified relatives*).
3. Check the boxes below that apply (*for example, if one parent was advised and the other cannot be located, check both boxes*)
 - I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and they have no objection.
 - I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
4. My information:
 - a. Name (adult giving authorization): _____
 - b. Address: _____
 - c. Date of birth: _____
 - d. California driver's license or ID card number: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Caregiver

Date

Client Name _____ DOB _____ MRN _____



Please **NOTE:**

- This declaration does not affect the rights of the minor’s parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
- The person who relies on this affidavit has no obligation to make any further inquiry or investigations.

IMPORTANT INFORMATION

TO CAREGIVERS:

“**Qualified Relative**” means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix “grand” or “great”, or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

If the minor stops living with you, you are required to notify UIHS. The affidavit is invalid after UIHS receives notice that the minor no longer lives with you.

If you do not have a California driver’s license or ID card, provide another form of identification such as your social security number or Medi-Cal number.

The law may require you, if you are not a relative or currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.

TO HEALTH CARE PROVIDERS

A person who acts in good faith reliance upon a Caregiver’s Authorization Affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed.

This affidavit does not mean that the minor is automatically a dependent for health care coverage purposes.

Client Name _____ DOB _____ MRN _____